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FM HQ USPACOM HONOLULU HI

TO RUEADWD/HQDA SURG GEN WASHINGTON DC

RUIAAAA/CDRUSARPAC FT SHAFTER HI

RUIAAAA/USARPAC COMMAND CENTER FT SHAFTER HI RUOIAAA/COMPACFLT PEARL HARBOR HI

RUIAAAA/HQ PACAF HICKAM AFB HI RUIAAAA/PACAF CC HICKAM AFB HI RUIAAAA/HQ ALCOM

ELMENDORF AFB AK RUACACJ/COMUSKOREA CP SEOUL KOR RUIAAAA/COMUSKOREA J3 EOC SEOUL

KOR RUALSFJ/COMUSJAPAN COMMAND CENTER YOKOTA AB JA RUALSFJ/COMUSJAPAN YOKOTA AB JA

RUICAAA/JIATF WEST INFO RUEKJCS/JOINT STAFF WASHINGTON DC RUOIAAA/CNO WASHINGTON DC

RUJDAAA/COMMARFORPAC RUJDAAA/COMMARFORPAC G THREE RUICAAA/COMSOPAC HONOLULU

HI RUIHAAA/CDR USTRANSCOM SCOTT AFB IL RUEABOL/HQ USAF BOLLING AFB DC

RUALSFJ/COMUSJAPAN YOKOTA AB JA RUOIAAA/COMSEVENTHFLT RUOIAAA/COMTHIRDFLT

RUJDAAA/CG III MEF G FOUR RUACMXI/KAIS 7AF OSAN AB KOR RHHJAKF/KCSS 7AF OSAN AB KOR

RUICAAA/CDR USPACOM HONOLULU HI RUICAAA/HQ USPACOM JOC BT UNCLASSIFIED

SUBJ/(U) USPACOM FY 2017 FORCE HEALTH PROTECTION GUIDANCE FOR USPACOM AOR PASS TO

HQDA SURGEON GENERAL (UC) CDRUSARPAC FT SHAFTER HI COMPACFLT PEARL HARBOR HI COMPACAF

HICKAM AFB HI ALCOM ELMENDORF AFB AK COMUSKOREA SEOUL KOR COMUSJAPAN YOKOTA AB JA

JIATF-WEST INFO JOINT STAFF WASHINGTON DC CNO WASHINGTON DC COMMARFORPAC CAMP SMITH

HI COMSOPAC CAMP SMITH HI CDRUSTRANSCOM SCOTT AFB IL HQ USAF BOLLING AFB DC EAMC/ OPS

COMUSJAPAN YOKOTA AB JA J4 COMSEVENTHFLT COM THIRDFLT CG III MEF G-4 7AF OSAN AB KOR SGX

CDR USPACOM HONOLULU HI J07/CATMED/CAT U N C L A S S I F I E D MSGID/ ORDER/ CDR

USPACOM//

SUBJ/(U) USPACOM FY 2017 FORCE HEALTH PROTECTION GUIDANCE FOR USPACOM AOR

NARR/MEDICAL GUIDANCE FOR DEPLOYMENT IN SUPPORT OF OPERATIONS WITHIN THE USPACOM

AOR// REF/A/JOINT STAFF/MEMO/07 DEC 2012//

REF/B/DOD/DOC/11 AUG 2006//

REF/C/OSD/07 OCT 2013//

REF/D/DOD/DOC/20 DEC 2011//

REF/E/DOD/DOC/07 OCT 2013//

REF/F/NCMI/WEBPAGE/NA//

REF/G/CDC/WEBPAGE /10 JUL 2015/ /

REF/H/USFK/05 MAY2015//

REF/I/IIIMEF/040055Z JAN 2016//

REF/J/USAF/09 JAN 2015//

REF/K/AHRQ/MANUAL/MAR 2014//

REF/L/DOD/DOC/04 JUN 2013//

REF/M/AFPMB/OCT 2009//

REF/N/OSD/12 MAR 2009//

REF/O/DOD/DOC/09 OCT 2004//

REF/P/OSD/15 APR 2013//

REF/Q/AFPMB/DEC 2013//

REF/R/OSD/14 NOV 2011//

REF/S/DOD/DOC/07 JUN 2013//

REF/T/DOD/DOC/22 NOV 2011//

REF/U/DOD/DOC/05 FEB 2010//

REF/V/DOD/DOC/26 FEB 2013//

REF/W/DOD/DOC/23 JAN 2009//

REF/X/DOD/DOC/08 FEB 2012//

REF/Y/USPACOM/MSG/021928Z OCT 2015//

NARR/REF (A) IS JOINT STAFF MEMO ON PROCEDURES FOR DEPLOYMENT HEALTH SURVEILLANCE (MSM-0017-12). REF (B) IS DODI 6490.03 "DEPLOYMENT HEALTH" OF AUG 2006 CERTIFIED CURRENT AS OF 30 SEP 11. REF (C) IS

OASD(HA) MEMO "CLINICAL PRACTICE GUIDANCE FOR DEPLOYMENT-LIMITING DISORDERS AND PSYCHOTROPIC MEDICATIONS" OF 7 OCT 2013. REF (D) IS DODI 3020.41 "OPERATIONAL CONTRACT SUPPORT" OF 20 DEC 11. REF (E) IS AR 40-562/BUMEDINST 6230.15B/AFI 48-110_IP/CG COMDTINST M6230.4G "IMMUNIZATION AND CHEMOPROPHYLAXIS" OF 07 OCT 2013. REF (F) IS NATIONAL CENTER FOR MEDICAL INTELLIGENCE WEBSITES AT WWW.NCMI.DETRICK.ARMY.MIL (LINK IS CASE SENSITIVE) OR (SIPR) HTTP:(DOUBLE SLASH) WWW.AFMIC.DIA.SMIL.MIL. REF (G) IS THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) TRAVELERS HEALTH WEBPAGE AT HTTP:(DOUBLE SLASH)WWWNC.CDC.GOV/TRAVEL/. REF (H) IS HQ USFK REG

40-9 FORCE HEALTH PROTECTION (FHP) REQUIREMENTS FOR DEPLOYMENTS AND TRAVEL TO THE KOREAN THEATER OF OPERATION DURING ARMISTICE OF 05 MAY 2015. REF (I) IS "III MEF FORCE HEALTH PROTECTION (FHP) REQUIREMENTS

2016 (UPDATE)" OF 040055Z JAN 2016. REF (J) IS HQ USAF (SG) MEMO "GUIDANCE ON THE USE OF JAPANESE ENCEPHALITIS VACCINE" OF 09 JAN 2015. REF (K) IS THE GUIDE TO CLINICAL PREVENTIVE SERVICES 2014 FROM THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY OF MARCH 2014. REF (L) IS DODI 6490.13 "COMPREHENSIVE POLICY ON NEUROCOGNITIVE ASSESSMENT BY THE MILITARY SERVICES" OF 04 JUNE 2013. REF (M) IS ARMED FORCES PEST MANAGEMENT BOARD TECHNICAL GUIDE 36 OF OCT 2009.

REF (N) IS OASD (HA) MEMO "POLICY FOR DECREASING USE OF ASPIRIN (ACETYLSALICYLIC ACID) IN COMBAT ZONES" OF 12 MAR 2009. REF (O) IS DODD 6200.04 "FORCE HEALTH PROTECTION" OF 09 OCT 2004 CERTIFIED CURRENT AS OF 23 APR 2007. REF (P) IS OASD (HA) MEMO "GUIDANCE ON MEDICATIONS FOR PROPHYLAXIS OF MALARIA" OF 15 APR 2013. REF (Q) IS ARMED FORCES PEST MANAGEMENT BOARD TECHNICAL GUIDE 41 OF DEC 2013.

REF (R) IS OSD (HA) MEMO "HUMAN RABIES PREVENTION DURING AND AFTER DEPLOYMENT OF 14 NOV 2011. REF (S) IS DODI 6485.1 "HUMAN IMMUNODEFICIENCY VIRUS-1 (HIV-1) IN MILITARY SERVICE MEMBERS" OF 7 JUN 2013. REF (T) IS THE DODI 6490.05 "MAINTENANCE OF PSYCHOLOGICAL HEALTH IN MILITARY OPERATIONS" OF 22 NOV 2011 INCORPORATING CHANGE 1 EFFECTIVE 02 OCT 2013. REF (U) IS DODI 6490.07 "DEPLOYMENT-LIMITING MEDICAL CONDITIONS FOR SERVICE MEMBERS AND DOD CIVILIAN EMPLOYEES" OF

05 FEB 2010. REF (V) IS DODI 6490.12 "MENTAL HEALTH ASSESSMENTS FOR SERVICE MEMBERS DEPLOYED IN CONNECTION WITH A CONTINGENCY OPERATION"

OF 26 FEB 2013 INCORPORATING CHANGE 1 EFFECTIVE 02 OCT 2013. REF (W) IS DODD 1404.10 "DOD CIVILIAN EXPEDITIONARY WORKFORCE" OF 23 JAN 2009. REF (X) IS DOD 6490.02E "COMPREHENSIVE HEALTH SURVEILLANCE" OF

08 FEB 2012 CHANGE 1 EFFECTIVE 03 OCT 2103. REF (Y) IS PACOM FORCE HEALTH PROTECTION GUIDANCE FOR USPACOM AOR MESSAGE OF 02 OCT 2015.

1. (U) THIS MESSAGE PROVIDES UPDATED USPACOM MEDICAL GUIDANCE FOR DEPLOYMENTS AS DEFINED BY REF (A) and (B), IN SUPPORT OF CONTINGENCY OPERATIONS, WITHIN THE USPACOM AOR IAW REF (A) THROUGH (X) AND CANCELS REF (Y). HEALTH PROTECTION GUIDANCE FOR SERVICE MEMBERS TRAVELING FOR OTHER MISSIONS (E.G., TAD/TDY, TRAINING) SHOULD CONFER WITH THEIR SERVICE COMPONENT SURGEON, FORCE HEALTH PROTECTION OFFICER AND/OR TRAVEL CLINIC TO ENSURE ADEQUATE IMMUNIZATIONS, MEDICATIONS, REQUIRED MEDICAL WAIVERS, AND PERSONAL PROTECTIVE MEASURES ARE PRESCRIBED AND/OR ISSUED AND UTILIZED. SINCE THESE ASSIGNMENTS

ARE NOT CONSIDERED DEPLOYMENTS (PER REFS A AND B), CERTAIN REQUIREMENTS ((E.G., HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING, DURABLE MEDICAL EQUIPMENT, AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS (ANAM)) MAY NOT APPLY. TO ENSURE MEMBER'S SAFETY AND SUCCESSFUL EXECUTION OF THESE MISSIONS, PERSONNEL ENTERING THE PACOM AOR SHOULD UTILIZE DEPLOYMENT STANDARD SCREENING PROCEDURES. SERVICE MEMBERS AND THEIR ASSOCIATED FAMILY MEMBERS BEING ASSIGNED TO USPACOM AOR SHOULD GO THROUGH THE NECESSARY PROTOCOLS TO INCLUDE THEIR PERMANENT CHANGE OF STATION SCREENING OFFICE IAW RESPECTIVE SERVICE SPECIFIC GUIDANCE TO ENSURE SUITABILITY AND AVAILABILITY OF HEALTH CARE OPTIONS.

1.A. (U) THIS MESSAGE APPLIES TO ACTIVE (AC) AND RESERVE COMPONENT (RC) MILITARY, DOD CIVILIAN PERSONNEL AND CONTRACT PERSONNEL WORKING FOR DOD IN ACCORDANCE WITH THEIR STATEMENT OF WORK.

1.B. (U) PARAGRAPH TWO COVERS DEPLOYMENT HEALTH SUITABILITY REQUIREMENTS AND WAIVERS, PARAGRAPH THREE AND FOUR DETAILS VACCINATIONS, PARAGRAPH FIVE COVERS REQUIRED PRE AND POST DEPLOYMENT TESTING, PARAGRAPH SIX COVERS PREVENTIVE MEDICINE AND PERSONAL PROTECTIVE EQUIPMENT, PARAGRAPH SEVEN COVERS THE MEDICAL THREAT ENVIRONMENT, PARAGRAPH EIGHT COVERS FIELD SANITATION AND HYGIENE, PARAGRAPH NINE COVERS REQUIRED PRE AND POST DEPLOYMENT HEALTH ASSESSMENTS, AND PARAGRAPH TEN COVERS DISEASE AND INJURY AS WELL AS REPORTABLE MEDICAL EVENT SURVEILLANCE.

1.C. (U) THIS GUIDANCE DOES NOT SUPERSEDE MORE STRINGENT POLICY FROM COMMANDS, SUBCOMPONENTS, OR SERVICE COMPONENTS NOR IS IT SUPERSEDED BY APPROPRIATE CLINICAL JUDGMENT.

2. (U) DEPLOYMENT HEALTH SUITABILITY REQUIREMENTS AND WAIVERS.

PERSONNEL MUST BE SCREENED AND MEET MEDICAL READINESS STANDARDS PRIOR TO DEPLOYMENT. AC, RC AND DOD CIVILIAN PERSONNEL, WITH THE FOLLOWING CONDITIONS, SHOULD NOT DEPLOY WITHOUT A MEDICAL AND/OR DENTAL WAIVER FROM RESPECTIVE COMPONENT SURGEON (SEE PARA 2.G FOR WAIVER SUBMISSIONS).

2.A. (U) CONDITIONS THAT PREVENT THE WEAR OF REQUIRED PERSONAL PROTECTIVE EQUIPMENT TO INCLUDE MANUFACTURER PERMETHRIN PRE-TREATED UNIFORMS.

2.B. (U) CONDITIONS THAT PROHIBIT REQUIRED IMMUNIZATIONS OR MEDICATIONS.

2.C. (U) CHRONIC CONDITIONS THAT REQUIRE FREQUENT CLINICAL VISITS (MORE THAN SEMI-ANNUALLY) OR ANCILLARY TESTS (MORE THAN TWICE/YEAR), THAT REQUIRE EVALUATION/TREATMENT BY MEDICAL SPECIALISTS NOT READILY AVAILABLE IN THEATER, THAT FAIL TO RESPOND TO ADEQUATE CONSERVATIVE TREATMENT, THAT REQUIRE SIGNIFICANT LIMITATION TO PHYSICAL ACTIVITY, OR THAT CONSTITUTE INCREASED RISK OF ILLNESS, INJURY, OR INFECTION.

2.D. (U) ANY UNRESOLVED ACUTE ILLNESS OR INJURY THAT WOULD IMPAIR DUTY PERFORMANCE DURING THE DURATION OF THE DEPLOYMENT.

2.E. (U) ANY MEDICAL CONDITION THAT REQUIRES DURABLE MEDICAL EQUIPMENT (E.G., CPAP, TENS, CATHETERS, ETC.), REPEATED/SCHEDULED MEDICAL MANAGEMENT, LOGISTICAL SUPPORT, AND/OR INFECTION CONTROL PROTOCOLS FOR PERSONAL MEDICAL EQUIPMENT THAT ARE NOT AVAILABLE AT DEPLOYMENT LOCATION. SHIPBOARD PERSONNEL WHO WILL NOT BE SUPPORTING LAND BASED OPERATIONS MAY BE EXEMPT FROM THIS REQUIREMENT.

2.F. (U) ANY DENTAL CONDITION REDUCING DENTAL READINESS BELOW CLASS 2, GENERALLY THESE CONDITIONS ARE NOT WAIVERABLE.

2.G. (U) WAIVER REQUESTS ARE SUBMITTED TO RESPECTIVE COMPONENT SURGEON, WHO MAY DELEGATE AUTHORITY. FOR INFORMATION CONTACT AS

APPROPRIATE: USARPAC (DSN 315-438-5906), PACAF (DSN 315-448-3402), PACFLT (DSN 315-474-6339), MARFORPAC (DSN 315-477-8667), OR SOCPAC (DSN 315-477-7930).

2.H. (U) REF (C) PROVIDES POLICY GUIDANCE FOR DEPLOYING SERVICE MEMBERS WHO EXPERIENCE PSYCHIATRIC DISORDERS AND/OR WHO ARE PRESCRIBED PSYCHOTROPIC (PSYCHIATRIC) MEDICATIONS. A MEMBER WITH A DISORDER IN REMISSION OR WHOSE RESIDUAL SYMPTOMS DO NOT IMPAIR DUTY PERFORMANCE MAY BE CONSIDERED FOR DEPLOYMENT, BUT SERVICE MEMBER MUST HAVE BEEN CLINICALLY STABLE FOR AT LEAST THREE MONTHS PRIOR TO PRE-DEPLOYMENT ASSESSMENT. NO WAIVERS WILL BE GRANTED FOR PSYCHOTIC AND BIPOLAR DISORDERS. SERVICE MEMBERS CANNOT DEPLOY ON ANTIPSYCHOTICS, LITHIUM OR ANTICONVULSANTS, HOWEVER OFF-LABEL USE OF THESE MEDICATIONS FOR PAIN MANAGEMENT, SLEEP DISORDERS, PTSD, ETC., WILL BE CONSIDERED BY INDIVIDUAL WAIVER REQUEST. A WAIVER REQUEST MUST BE SUBMITTED TO THE RESPECTIVE COMPONENT SURGEON FOR PERSONNEL WHO ARE ON PSYCHOTROPIC MEDICATIONS, INCLUDING ANTIDEPRESSANTS, AND ARE STABLE FOR AT LEAST THREE MONTHS WHILE ON MEDICATION. A WAIVER REQUEST SHOULD ALSO BE REQUESTED FOR THOSE WITH HISTORY OF INPATIENT PSYCHIATRIC HOSPITALIZATION OR USE OF PSYCHOTROPIC MEDICATIONS FOR NON-PSYCHIATRIC CONDITIONS. SERVICE MEMBERS WHO DEPLOY MUST HAVE A 90-DAY SUPPLY OF THEIR MEDICATIONS TO ALLOW FOR CONTINUED STABILITY UNTIL THEY CAN BE FOLLOWED BY A PROVIDER IN THEATER. SERVICE MEMBERS ON PSYCHOTROPIC MEDICATIONS MUST OBTAIN A SMALL ARMS WAIVER IAW SERVICE COMPONENT POLICY.

2.I. (U) CONTRACTOR DEPLOYERS MUST MEET MEDICAL AND DENTAL FITNESS REQUIREMENTS AS REQUIRED PER REF D, ENCLOSURE 3. MEDICAL AND DENTAL WAIVERS FOR CONTRACTORS SHALL FOLLOW PROCESS DESCRIBED ABOVE AT PARAGRAPH 2.G.

3. (U) MANDATORY VACCINATIONS (REF E).

3.A. (U) ENSURE ALL PERSONNEL ARE CURRENT FOR ROUTINE ADULT VACCINATIONS.

DOCUMENTATION IS REQUIRED. PROOF OF RECORD INCLUDE:

SF 601, HEALTH RECORD-IMMUNIZATION RECORD; PHS 731, INTERNATIONAL CERTIFICATE OF VACCINATIONS; DD FORM 2766, ADULT PREVENTIVE AND CHRONIC CARE FLOW SHEET; OR EQUIVALENT SERVICE IMMUNIZATION DATABASE RECORD E.G., MEDPROS.

3.A.1. (U) HEPATITIS A VACCINE (SERIES COMPLETE, OR AT LEAST ONE DOSE PRIOR TO DEPLOYMENT).

3.A.2. (U) HEPATITIS B VACCINE (SERIES COMPLETE, OR AT LEAST ONE DOSE PRIOR TO DEPLOYMENT).

3.A.3. (U) POLIO AND MEASLES/MUMPS/ RUBELLA VACCINE. DOCUMENTATION OF IMMUNITY OR IMMUNIZATION REQUIRED. PREFER SERIES COMPLETE OR AT LEAST ONE DOSE PRIOR TO DEPLOYMENT.

3.A.4. (U) VARICELLA. REQUIRED FOR PERSONNEL WITHOUT EVIDENCE OF IMMUNITY TO VARICELLA. EVIDENCE OF IMMUNITY IN ADULTS INCLUDES ANY OF THE FOLLOWING: DOCUMENTATION OF TWO DOSES OF VARICELLA VACCINE FOUR WEEKS APART, U.S. CITIZENS BORN BEFORE 1980 (NOT FOR HEALTHCARE PERSONNEL), HISTORY OF VARICELLA BASED ON DIAGNOSIS OR VERIFICATION BY HEALTHCARE PROVIDER, OR LABORATORY EVIDENCE OF IMMUNITY (ANTIBODY TITER).

3.A.5. (U) TETANUS-DIPHTHERIA-ACELLULAR PERTUSSIS (TDAP). LAST DOSE REQUIRED WITHIN 10 YEARS. FOR ADULTS WHO HAVE NOT PREVIOUSLY RECEIVED A DOSE OF TDAP. ONE DOSE OF TDAP SHOULD BE GIVEN REGARDLESS OF INTERVAL SINCE THE LAST TETANUS VACCINE.

3.A.6. (U) INFLUENZA VACCINE (CURRENT SEASONAL VACCINE).

3.A.7. (U) TYPHOID VACCINE (INJECTABLE OR ORAL). CURRENT PER PACKAGE INSERT WITHIN TWO YEARS FOR INJECTABLE OR FIVE YEARS FOR ORAL PRIOR TO DEPLOYMENT.

3.B. (U) TRACKING OF UNIT IMMUNIZATIONS WILL BE IAW SERVICE POLICY.

4. (U) OTHER VACCINATIONS (REF E).

4.A. (U) JAPANESE ENCEPHALITIS (JE) VACCINE - JE VIRUS RISK VARIES BASED ON DESTINATION AND RISK OF EXPOSURE. JE IS TYPICALLY FOUND THROUGHOUT MUCH OF THE RURAL USPACOM AOR, PARTICULARLY IN EASTERN TROPICAL, SUBTROPICAL ASIA AND CERTAIN WESTERN PACIFIC ISLANDS. JE IS PRIMARILY ASSOCIATED WITH AREAS OF RICE AGRICULTURE AND PIG FARMING.

4.A.1. (U) JE VACCINE IS RECOMMENDED FOR PERSONNEL BEING DEPLOYED FOR MORE THAN 30 DAYS TO ENDEMIC AREAS DURING JE TRANSMISSION SEASON.

SEE RISK MAPS AT REF (F) AND REF (G).

4.A.2. (U) JE VACCINE SHOULD BE CONSIDERED FOR: (1) TRAVELING TO AN AREA WITH AN ONGOING JE OUTBREAK; OR (2) SHORT-TERM OR FREQUENT TRAVELERS (I.E., LESS THAN 30 DAYS) TO ENDEMIC AREAS DURING THE JE VIRUS TRANSMISSION SEASON IF THEY PLAN TO TRAVEL OUTSIDE OF AN URBAN AREA AND HAVE AN INCREASED RISK FOR EXPOSURE DUE TO OUTDOOR ACTIVITIES (SUBSTANTIAL TIME OUTDOORS IN RURAL OR AGRICULTURAL AREAS, STAYING IN ACCOMMODATIONS WITHOUT AIR CONDITIONING, SCREENS, OR BED NETS, ETC.).

4.A.3 (U) REQUIRED USE MAY BE COVERED IN RESPECTIVE COMMANDS' (REF H), SUBCOMPONENTS' (REF I), OR SERVICE COMPONENTS' (REF J) GUIDANCE.

4.B. (U) RABIES. WHEN DEPLOYING TO KNOWN HIGH-RISK ENDEMIC AREAS AND MISSION REQUIREMENTS AND/OR ENVIRONMENT WILL PRECLUDE ACCESS TO POST-EXPOSURE PROPHYLAXIS OR EXPOSURE IS LIKELY TO BE UNRECOGNIZED, THEN PRE-EXPOSURE RABIES VACCINE SERIES (THREE VACCINATIONS) IS RECOMMENDED. ANY ROUTINE REQUIREMENTS, BASED ON THE POTENTIAL TO DEPLOY AND/OR OPERATIONAL EXPOSURE, IS COVERED IN RESPECTIVE COMPONENTS' GUIDANCE.

4.C. (U) YELLOW FEVER (YF). YF VACCINE MAY BE REQUIRED FOR ENTRY INTO SOME USPACOM COUNTRIES (SEE [HTTP:\(DOUBLE SLASH\)WWWNC.CDC.GOV/TRAVEL/YELLOWBOOK/2016/INFECTIOUS-](http://(DOUBLE SLASH)WWWNC.CDC.GOV/TRAVEL/YELLOWBOOK/2016/INFECTIOUS-DISEASES-RELATE)

[D-TO-TRAVEL/YELLOW-FEVER-MALARIA-INFORMATION-BY-COUNTRY](http://(DOUBLE SLASH)WWWNC.CDC.GOV/TRAVEL/YELLOWBOOK/2016/INFECTIOUS-DISEASES-RELATE)) IF TRAVELING FROM, OR TRANSITING THROUGH, ENDEMIC AREAS (AFRICA AND SOUTH AMERICA). IF REQUIRED, YF VACCINE MUST BE DOCUMENTED ON THE CDC YELLOW CARD (CDC FORM 731) WITH THE OFFICIAL UNIFORM STAMP. CLINICS CAN OBTAIN CDC YELLOW CARDS (FORM 731) FROM THE US GOVERNMENT PRINTING OFFICE ([HTTP:\(DOUBLE SLASH\)BOOKSTORE.GPO.GOV/](http://(DOUBLE SLASH)BOOKSTORE.GPO.GOV/)). IF THE YF VACCINE IS CONTRAINDICATED, A SIGNED AND DATED EXEMPTION LETTER ON LETTERHEAD STATIONERY MUST CLEARLY STATE THE INDIVIDUAL'S CONTRAINDICATIONS TO VACCINATION AND MUST BEAR THE OFFICIAL YF STAMP.

4.D. (U) PNEUMOCOCCAL VACCINE IS RECOMMENDED FOR SMOKERS, ASPLENIC (NO SPLEEN) PERSONNEL, AND PERSONNEL WITH COMPROMISED IMMUNE SYSTEMS OR WITH HIGH RISK HEALTH CONDITIONS, INCLUDING CHRONIC HEART, LUNG, LIVER OR KIDNEY DISEASE, AND DIABETES MELLITUS. SCREENING OF OLDER POPULATION GROUPS, INCLUDING CIVILIAN CONTRACTORS AND MERCHANT MARINE SAILORS, FOR THESE CONDITIONS IS RECOMMENDED. ONE RE-VACCINATION FIVE OR MORE YEARS AFTER INITIAL PNEUMOCOCCAL VACCINATION IS RECOMMENDED FOR FUNCTIONAL (SICKLE CELL DISEASE) OR ANATOMIC ASPLENIA AND IMMUNOCOMPROMISED CONDITIONS. SEE CURRENT ADVISORY COMMITTEE FOR IMMUNIZATION PRACTICES (ACIP) VACCINE RECOMMENDATIONS WEBPAGE AT [HTTP:\(DOUBLE SLASH\)WWW.CDC.GOV/VACCINES/HCP/ACIP-RECS/](http://(DOUBLE SLASH)WWW.CDC.GOV/VACCINES/HCP/ACIP-RECS/) FOR FURTHER DETAILS.

4.E. (U) ANTHRAX. USFK COMMAND REQUIREMENT (REF H).

4.F. (U) SMALLPOX. USFK COMMAND REQUIREMENT (REF H).

4.G. (U) MENINGOCOCCAL. RECOMMENDED FOR TRAVEL TO COUNTRIES WHERE N. MENINGITIDIS IS HYPERENDEMIC OR EPIDEMIC, PARTICULARLY IF CONTACT WITH THE LOCAL POPULATION WILL BE PROLONGED. HYPERENDEMIC REGIONS INCLUDE THE MENINGITIS BELT OF AFRICA DURING THE DRY SEASON (DECEMBER-JUNE); SEE NCMI WEBSITE (REF F) FOR SPECIFIC COUNTRY RECOMMENDATIONS.

5. (U) TESTING. THE FOLLOWING LABORATORY TESTS AND/OR SCREENINGS ARE REQUIRED PRIOR TO DEPLOYMENT IAW SERVICE STANDARDS. ALL PERSONNEL DEPLOYING TO THEATER MUST BE MEDICALLY, DENTALLY, AND PSYCHOLOGICALLY FIT, AS WELL AS POSSESS A CURRENT PERIODIC HEALTH ASSESSMENT (PHA) OR PHYSICAL. FITNESS SPECIFICALLY INCLUDES THE ABILITY TO ACCOMPLISH TASKS

AND DUTIES UNIQUE TO A PARTICULAR OPERATION AND TO TOLERATE ENVIRONMENTAL AND OPERATIONAL CONDITIONS OF THE DEPLOYED LOCATION.

5.A. (U) HIV TESTING AND DEPLOYMENT-RELATED SERUM SPECIMENS.

5.A.1. (U) HIV SCREENING WITHIN THE PREVIOUS 24-MONTHS PRIOR TO DEPLOYMENT IS REQUIRED (REF B). RC PERSONNEL ARE REQUIRED TO HAVE CURRENT HIV TEST WITHIN TWO YEARS OF THE DATE CALLED TO ACTIVE DUTY FOR 30-DAYS OR MORE. HIV TESTING IS REQUIRED FOR CIVILIAN PERSONNEL ONLY TO THE EXTENT PROVIDED IN THE APPLICABLE CONTRACT OR SERVICE POLICIES.

5.A.2. (U) THERE IS NO REQUIREMENT FOR HIV TESTING FOLLOWING REDEPLOYMENT UNLESS STIPULATED IN MISSION ORDERS OR BASED UPON INDIVIDUAL RISK ASSESSMENT BY A CLINICIAN.

5.A.3. (U) A PRE-DEPLOYMENT SERUM SPECIMEN FOR MEDICAL EXAMINATION WILL BE COLLECTED WITHIN ONE YEAR OF DEPLOYMENT. THE MOST RECENT SERUM SAMPLE, INCLUDING SERUM COLLECTED FOR HIV TESTING, COLLECTED WITHIN THE PREVIOUS 365 DAYS OF THE DATE OF THE DEPLOYMENT MAY SERVE AS THE PRE-DEPLOYMENT SERUM SAMPLE.

5.A.4. (U) AS PART OF THE REDEPLOYMENT PROCESS, A SERUM SPECIMEN WILL BE COLLECTED WITHIN 30 DAYS AFTER ARRIVAL AT THE DEMOBILIZATION SITE, HOME STATION, OR IN-PATIENT MEDICAL FACILITY.

5.B. (U) DNA SAMPLE. ONE LIFETIME CHEEK SWAB SAMPLE IS REQUIRED FOR DNA REPOSITORY.

5.C. (U) SICKLE CELL AND G6PD DEFICIENCY. A SINGLE SCREENING TEST IS SUFFICIENT FOR EACH TEST.

5.C.1. (U) PERSONNEL WILL BE SCREENED FOR SICKLE CELL IAW SERVICE SPECIFIC GUIDELINES.

5.C.2. (U) ALL PERSONNEL WILL BE SCREENED FOR G6PD DEFICIENCY IAW SERVICE SPECIFIC GUIDELINES DUE TO THE RISK OF HEMOLYSIS ASSOCIATED WITH PRIMAQUINE FOR MALARIA PROPHYLAXIS OR TREATMENT.

5.C.3. (U) TEST RESULTS WILL BE DOCUMENTED IN THE ADULT PREVENTIVE AND CHRONIC CARE FLOW SHEET (DD FORM 2766) AND THE HEALTH RECORD.

PERSONNEL WITH G6PD DEFICIENCY WILL NOT RECEIVE PRIMAQUINE FOR TERMINAL MALARIA PROPHYLAXIS AND/OR TREATMENT UNLESS REFERRED TO OR DISCUSSED WITH AN INTERNAL MEDICINE OR INFECTIOUS DISEASE SPECIALIST.

5.D. (U) PREGNANCY TESTING. PRIOR TO ACTUAL MOVEMENT, ALL DEPLOYING FEMALE SERVICE MEMBERS WILL BE ASSESSED FOR PREGNANCY IN ACCORDANCE WITH SERVICE COMPONENT POLICIES AND COUNSELED THAT PREGNANCY MAY CAUSE MEMBER TO BE NON-DEPLOYABLE. IF PREGNANCY IS DETERMINED AFTER DEPLOYMENT THE SERVICE MEMBER WILL RETURN TO HOME STATION.

5.E. (U) MALE AND FEMALE SERVICE MEMBERS WHO REQUIRE AGE AND RISK APPROPRIATE CANCER SCREENING (REF K) SHALL RECEIVE THE APPROPRIATE SCREENING PRIOR TO DEPLOYMENT IN ACCORDANCE WITH SERVICE SPECIFIC GUIDANCE.

5.F. (U) VISION READINESS. THE VISION READINESS OF EACH SERVICE MEMBER WILL BE ASSESSED WITHIN 12 MONTHS OF DEPLOYMENT. SERVICE MEMBERS CLASSIFIED AS VISION READINESS CLASSIFICATION ONE AND TWO ARE FULLY DEPLOYABLE. SERVICE MEMBERS IN CLASS THREE (CORRECTED VISION WORSE THAN 20/40 OR UNCORRECTED VISION WORSE THAN 20/400 OR WHO DO NOT POSSESS REQUIRED OPTICAL DEVICES) OR CLASS FOUR (LAST VISION SCREENING OR EYE EXAM IS GREATER THAN ONE YEAR OLD OR VISION CLASSIFICATION IS UNKNOWN) ARE NOT DEPLOYABLE. SERVICE MEMBERS WHO ARE IN CLASS THREE OR CLASS FOUR AT THE TIME OF SCREENING WILL IMMEDIATELY BE RECLASSIFIED AFTER OBTAINING CORRECTIVE VISION OR OPTICAL SERVICES. PERSONNEL REQUIRING CORRECTIVE EYEWEAR WILL HAVE IN THEIR POSSESSION TWO PAIRS OF EYEGLASSES, PROTECTIVE MASK EYEGGLASS INSERTS, AND BALLISTIC EYEWEAR INSERTS AS APPROPRIATE.

5.G. (U) TUBERCULOSIS (TB) SCREENING. PRE-DEPLOYMENT TB SCREENING WILL BE CONDUCTED IN ACCORDANCE WITH CDC GUIDELINES OR SERVICE SPECIFIC POLICY. A LARGE NUMBER OF COUNTRIES WITHIN THE USPACOM AOR ARE CLASSIFIED AS HAVING A HIGH BURDEN OF TB (TO INCLUDE

MULTIDRUG RESISTANT TB). IN KEEPING WITH CDC GUIDELINES, IF A SERVICE MEMBER WILL BE DEPLOYING FOR AN EXTENDED PERIOD OF TIME TO A HIGH RISK AREA OR WILL HAVE ROUTINE CONTACT WITH HIGH RISK POPULATIONS, INCLUDING HOSPITAL, PRISON, HOMELESS, OR DISPLACED POPULATIONS, THEY SHOULD BE SCREENED FOR EXPOSURE TO TB PRIOR TO LEAVING THE U.S. WITH EITHER A TUBERCULIN SKIN TEST (TST) OR AN INTERFERON-GAMMA RELEASE ASSAY (IGRA) SUCH AS QUANTIFERON-TB GOLD OR QUANTIFERON-TB GOLD-IN-TUBE TEST. FOR THESE UNIQUE DEPLOYMENT SITUATIONS, IF THE ANTICIPATED DEPLOYER HAS HAD A TEST WITHIN THE PAST YEAR AND NO SUBSEQUENT SUSPECTED EXPOSURES, THEN THAT MOST RECENT TEST CAN BE A VALID PRE-DEPLOYMENT TEST. ROUTINE SCREENING OF ALL PERSONNEL IS NOT RECOMMENDED AS SCREENING THOSE AT LOW RISK WILL LEAD TO AN INCREASED NUMBER OF FALSE POSITIVE TESTS AND UNNECESSARY THERAPEUTIC TREATMENT.

IF SERVICE SPECIFIC POLICY IS MORE COMPREHENSIVE THAN THE CDC GUIDELINES, SERVICE SPECIFIC POLICY WILL TAKE PRECEDENCE.

5.G.1. (U) FOR RAPID DEPLOYMENTS (WITHIN 48 HOURS OR LESS) IGRA, IF AVAILABLE, IS THE PREFERRED SCREENING METHOD AS THERE IS NO NEED FOR PATIENT RECALL TO DETERMINE THE RESULTS OF THE TEST AND NO INTERFERENCE IF THE PATIENT PREVIOUSLY RECEIVED BCG VACCINE.

5.G.2. (U) TB CONVERTORS WHO HAVE HAD A PRIOR EVALUATION AND APPROPRIATE MANAGEMENT ARE DEPLOYABLE. PERSONNEL WHO HAVE RECENTLY CONVERTED TO TST/IGRA POSITIVE MUST BE MEDICALLY EVALUATED AND CLEARED OF ACTIVE TB BEFORE BEING CONSIDERED FOR DEPLOYMENT. DEPLOYABILITY IS BASED ON SERVICE COMPONENT POLICY.

5.G.3. (U) AT POST-DEPLOYMENT, PERSONNEL WILL BE SCREENED FOR TB EXPOSURE IN ACCORDANCE WITH SERVICE POLICY. FOR THOSE WHO ARE FOUND TO HAVE BEEN AT AN INCREASED RISK OF EXPOSURE A TST OR IGRA TEST WILL BE CONDUCTED AT 8-10 WEEKS POST-DEPLOYMENT TO DETERMINE EXPOSURE STATUS. THOSE FOUND TO HAVE A NEW POSITIVE TB SCREENING TEST WILL BE TREATED PER CDC OR SERVICE GUIDELINES. REPEAT TESTING OF INDIVIDUALS WHO WERE PREVIOUSLY FOUND TO BE TST OR IGRA POSITIVE IS UNNECESSARY.

IF THESE INDIVIDUALS WERE FOUND TO HAVE HAD AN INCREASED EXPOSURE RISK AND/OR BECOME SYMPTOMATIC THEY MUST BE CLINICALLY AND/OR RADIOGRAPHICALLY EVALUATED POST-DEPLOYMENT.

5.H. (U) HEARING READINESS. IAW SERVICE SPECIFIC REQUIREMENTS, DEPLOYING SERVICE MEMBERS MAY BE REQUIRED TO HAVE THEIR HEARING ASSESSED BY AUDIOMETRIC TESTING. DD FORM 2215 "REFERENCE BASELINE AUDIOGRAM" OR DD FORM 2216 "PERIODIC AUDIOGRAM" SHALL BE IN THEIR MEDICAL RECORD. IF REQUIRED, AND A MEMBER'S RECORD DOES NOT CONTAIN DD FORM 2215, THEN ONE WILL BE COMPLETED BY QUALIFIED PERSONNEL USING A DEFENSE OCCUPATIONAL AND ENVIRONMENTAL HEALTH READINESS SYSTEM- HEARING CONSERVATION AUDIOMETER.

5.I. (U) IAW REF (L), EVERY SERVICE MEMBER RECEIVES A NEUROCOGNITIVE ASSESSMENT USING THE AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT MATRIX (ANAM) OR EQUIVALENT VALIDATED NEUROCOGNITIVE ASSESSMENT TOOL (NCAT) WITHIN 12 MONTHS PRIOR TO DEPLOYMENT. THE ANAM AND NCAT ARE NOT DIAGNOSTIC AND DO NOT INFLUENCE WHETHER OR NOT THE MEMBER IS DEPLOYABLE. THEY ESTABLISH A PRE-DEPLOYMENT BASELINE THAT CAN BE USED IF A MEMBER IS INJURED WITH A SUSPECTED MILD TRAUMATIC BRAIN INJURY/CONCUSSION.

6. (U) PREVENTIVE MEDICINE COUNTERMEASURES.

6.A. (U) ALL DEPLOYING PERSONNEL (MILITARY AND DOD CIVILIAN) WILL MOBILIZE WITH A DEPLOYABLE MEDICAL RECORD (DD FORM 2766) UPDATED WITH BLOOD TYPE, MEDICATIONS, AND ALLERGIES AS DOCUMENTED IN THEIR MEDICAL RECORD, IMMUNIZATION RECORD, AND SUMMARY SHEET OF PAST MEDICAL PROBLEMS. UNITS WILL NOT DEPLOY WITH PERMANENT HEALTH AND DENTAL RECORDS. DEPLOYABLE MEDICAL AND DENTAL ENCOUNTER RECORDS WILL BE RETURNED TO HOME STATION

FOLLOWING MOBILIZATION/DEPLOYMENT PROCESSING (REF B). SERVICE PERSONNEL ARE ISSUED IDENTIFICATION TAGS (I.E., DOG TAGS) IAW APPLICABLE SERVICE REQUIREMENTS.

6.B. (U) A MINIMUM 90-DAY SUPPLY OF ALL CURRENT PRESCRIBED MEDICATIONS SHOULD BE CARRIED BY SERVICE MEMBER INTO DEPLOYMENT.

6.C. (U) VECTOR CONTROL ITEMS. SERVICE MEMBERS AND GOVERNMENT EMPLOYEES SHALL USE ALL COMPONENTS OF DOD ARTHROPOD REPELLENT SYSTEM IAW REF (M) WHEN INSECT VECTORS ARE/MAY BE PRESENT.

6.C.1. (U) SERVICE PERSONNEL WILL DEPLOY WITH PERMETHRIN TREATED UNIFORMS. CONTACT ARMED FORCES PEST MANAGEMENT BOARD ([HTTP:\(DOUBLE SLASH\)WWW.ACQ.OSD.MIL/EIE/AFPMB](http://www.acq.osd.mil/eie/afpmb)) OR CONTINGENCY LIAISON OFFICER FOR SPECIFIC UNIFORM INSECT REPELLENCY TREATMENT RECOMMENDATIONS.

SPECIFIC OPTIONS LISTED AT PARAGRAPHS 6.C.(1)(A) TO 6.C.(1)(C).

6.C.1.A. (U) MANUFACTURER PRE-TREATED UNIFORMS, CURRENTLY AVAILABLE ONLY FOR ARMY (ALARACT 170/2013) AND MARINE CORPS UNIFORMS. UNIFORMS CANNOT BE RETREATED.

6.C.1.B. (U) INSECT REPELLENT, CLOTHING APPLICATION, AEROSOL, PERMETHRIN (0.5%) ARTHROPOD REPELLENT, 6-OZ CANS (NSN 6840-01-278-1336). SPRAY OUTER SURFACE OF CLOTHING UNTIL FABRIC APPEARS MOISTENED AND SLIGHT COLOR CHANGE IS NOTED. ALLOW TO FULLY AIR DRY BEFORE WEARING.

6.C.1.C. (U) INDIVIDUAL DYNAMIC ABSORPTION (IDA) KIT, PERMETHRIN 40%, (NSN 6840-01-345-0237). TREAT UNIFORMS ACCORDING TO MANUFACTURER'S INSTRUCTIONS. ALLOW TO AIR DRY FOR AT LEAST THREE HOURS PRIOR TO WEAR.

6.C.2. (U) INSECT/ARTHROPOD REPELLENT LOTION CONTAINING DEET (NSN 6840-01-284-3982, 6840-01-584-8393, OR 6840-01-584-8598) OR PICARIDIN (NSN 6840-01-619-4795). DO NOT USE UNDER CLOTHING.

6.C.3. (U) IF SLEEPING IN UNPROTECTED CONDITIONS (E.G. UNSCREENED BUILDING, BACK OF VEHICLE), USE A BED NET (POP-UP, SELF-SUPPORTING, LOW PROFILE) TREATED WITH PERMETHRIN REPELLENTS. IF POP-UP BED NETS ARE NOT AVAILABLE, USE OTHER MILITARY OR COMMERCIALY AVAILABLE BED NET.

6.C.4. (U) PROPER UNIFORM WEAR: PANT LEGS BLOUSED OR TUCKED INTO BOOTS OR SOCKS, UNDERSHIRT TUCKED INTO PANTS, SLEEVES DOWN, WRIST OPENINGS SECURED, AND COLLAR CLOSED.

6.D. (U) SUNSCREEN AND LIP BALM SPF-15 OR GREATER.

6.E. (U) SINGLE OR TRIPLE FLANGE EARPLUGS OR COMBAT ARMS EARPLUGS.

6.F. (U) PERMITTED EQUIPMENT. PERSONNEL WHO REQUIRE MEDICAL EQUIPMENT, INCLUDING CORRECTIVE EYEWEAR, HEARING AIDS AND BATTERIES, ORTHODONTIC EQUIPMENT, OR CPAP (WITH WAIVER), MUST DEPLOY WITH ALL REQUIRED ITEMS IN THEIR POSSESSION.

6.G. (U) FOLLOW SERVICE COMPONENT GUIDELINES FOR ISSUANCE OF THE INDIVIDUAL FIRST AID KIT.

6.H. (U) OCCUPATIONAL/OPERATIONAL SPECIFIC PERSONAL PROTECTIVE EQUIPEMETN (PPE). IF ADDITIONAL PPE IS WARRANTED BASED ON OCCUPATIONAL/OPERATIONAL RISK, THE ON-SITE COMMAND MEDICAL OFFICER, USPACOM SURGEON, SERVICE OR SUBCOMPONENT SURGEON WILL PROVIDE RECOMMENDATIONS. ON-SITE COMMANDERS, MEDICAL PERSONNEL, AND FORCE HEALTH PROTECTION OFFICERS SHOULD ALSO EVALUATE THE NEED TO UPDATE PPE BASED ON THEIR ONGOING EVALUATION OF OPERATIONAL RISKS.

6.I. (U) THERE IS NO INDICATION FOR THE USE OF MEDICAL COUNTER DEFENSE MEASURES FOR CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR AND EXPLOSIVES (CBRNE) THREATS, BUT THE RISK AND NEED SHOULD BE CONTINUALLY ASSESSED.

6.J. (U) IAW REF (N), FOR COMBAT ZONE DEPLOYMENTS SERVICE MEMBERS AND GOVERNMENT CIVILIANS MUST NOT TAKE ASPIRIN UNLESS UNDER PHYSICIAN'S ORDERS AND DOCUMENTED IN

MEMBERS' MEDICAL RECORDS. ASPIRIN USE SHOULD BE DISCONTINUED AT LEAST 10 DAYS BEFORE DEPARTURE.

6.K. (U) FORCE HEALTH BRIEFING (REF A, B, AND O). A LOCATION AND/OR COUNTRY SPECIFIC FORCE HEALTH PROTECTION BRIEFING MUST BE PROVIDED TO DEPLOYER(S) PRIOR TO DEPLOYMENT AND INCLUDE TOPICS COVERED IN PARAGRAPHS 6 AND 7.

7. (U) DISEASES OF CONCERN.

7.A. (U) ENDEMIC DISEASES.

7.A.1. (U) VECTOR-BORNE DISEASES.

7.A.1.A. (U) VECTOR-BORNE DISEASES ARE TRANSMITTED BY MOSQUITOES, TICKS, MITES, LICE, AND FLEAS. OVERALL RISK TO DOD PERSONNEL RANGES FROM LOW TO HIGH IN THE AOR. AVOIDANCE OF VECTORS (24-HRS/DAY) IS KEY, INCLUDING HABITAT AWARENESS, VECTOR CONTROL, PROPER WEAR OF UNIFORM/OTHER CLOTHING, AND USE OF PERSONAL PREVENTIVE MEASURES.

7.A.1.B. (U) MALARIA, JAPANESE ENCEPHALITIS, AND DENGUE FEVER ARE HIGH THREATS IN PORTIONS OF THE AOR. VECTOR-BORNE DISEASES CAUSING INTERMEDIATE THREATS INCLUDE CHIKUNGUNYA, SCRUB TYPHUS, ROSS RIVER FEVER, MURRAY VALLEY FEVER AND ZIKA (TO WOMEN OF CHILDBEARING AGE).

PERSONAL PROTECTIVE MEASURES INCLUDE USE OF INSECT REPELLENT ON SKIN (DEET OR PICARIDIN) AND CLOTHING (PERMETHRIN), INSECT REPELLENT TREATED BED NETS, AND PROPER WEAR OF THE UNIFORM PER PARAGRAPH 6C ABOVE. COMPLIANCE MUST BE GIVEN THE HIGHEST PRIORITY.

7.A.1.C. FOR MALARIA CHEMOPROPHYLAXIS, MALARONE OR DOXYCYCLINE ARE THE DRUGS OF CHOICE. PROVIDER GUIDANCE SHOULD DETERMINE INDIVIDUAL DRUG SELECTION FOR EACH SERVICE MEMBER (REF P). MEFLOROQUINE RESISTANCE IS SIGNIFICANT IN PARTS OF SOUTHEAST ASIA. CONSULT THE CDC WEBSITE (WWW.CDC.GOV/) AND NCMI MALARIA WEBSITE [HTTPS:\(DOUBLE SLASH\)WWW.NCMI.DETRICK.ARMY.MIL/DOCUMENT.PHP?ID=99003#PACOM_RISK_MAPS](https://WWW.NCMI.DETRICK.ARMY.MIL/DOCUMENT.PHP?ID=99003#PACOM_RISK_MAPS) FOR CURRENT RECOMMENDATIONS FOR THE SPECIFIC COUNTRY/REGION OF INTEREST. MEFLOROQUINE SHOULD BE USED ONLY FOR PERSONNEL WITH CONTRAINDICATIONS TO MALARONE AND DOXYCYCLINE AND WITH NO CONTRAINDICATIONS TO MEFLOROQUINE. THERE ARE STRICT REQUIREMENTS IF PRESCRIBING MEFLOROQUINE; CONSULT YOUR LOCAL PHARMACIST TO ENSURE COMPLIANCE (REF P). PRESUMPTIVE ANTIRELAPSE THERAPY (PART) WITH PRIMAQUINE MAY BE REQUIRED POST-DEPLOYMENT WHERE P. VIVAX IS PRESENT (E.G., KOREA). USE OF PRIMAQUINE REQUIRES THE DOCUMENTED ABSENCE OF G6PD DEFICIENCY.

7.A.1.D. (U) HANTAVIRUS AND RODENT-BORNE PLAGUE MAY EXIST IN THE AOR.

CONDUCT PREVENTIVE MEDICINE MEASURES IAW REF (Q) AND IF POSSIBLE, AVOID COMING IN CONTACT WITH RODENTS, RODENT NESTING MATERIALS AND/OR EXCREMENT.

7.A.2. (U) FOOD-BORNE AND WATER-BORNE DISEASES. BACTERIAL AND PROTOZOAL DIARRHEA, VIRAL GASTROENTERITIS, HEPATITIS A, BRUCELLOSIS, CHOLERA, AND HEPATITIS-E ARE RISKS OF INFECTION DEPENDENT ON LOCATION AND CONDITIONS.

7.A.2.A. (U) ACUTE DIARRHEAL DISEASES CONSTITUTE THE GREATEST POTENTIAL INFECTIOUS DISEASE THREATS DURING DEPLOYMENTS WHERE UNSAFE WATER AND FOOD ARE PRESENT. NO FOOD OR WATER (INCLUDING ICE) SHOULD BE CONSUMED UNTIL ASSESSED BY U.S. MILITARY MEDICAL AUTHORITIES (SEE PARA 8.D. - 8.E.). FIELD SANITATION AND HYGIENE IAW REF (B AND O) WILL BE CONTINUALLY EMPHASIZED AND REQUIREMENTS FOLLOWED.

FLUOROQUINOLONE RESISTANCE IS SIGNIFICANT IN PARTS OF SOUTHEAST ASIA.

CONSULT REF (E AND G) FOR PREVALENCE IN THE SPECIFIC COUNTRY/REGION OF INTEREST. ADDITIONAL COUNTRY RISK INFORMATION IS AVAILABLE AT [HTTPS:\(DOUBLE SLASH\)MHS.HEALTH.MIL/TRAVAX](https://MHS.HEALTH.MIL/TRAVAX).

7.A.2.B. (U) LEPTOSPIROSIS. THE RISK OF LEPTOSPIROSIS IS HIGHER AMONG PERSONNEL WADING OR SWIMMING IN BODIES OF FRESH WATER SUCH AS LAKES, STREAMS, FLOOD WATERS, OR IRRIGATED

FIELDS. IF CONTACT WITH POTENTIALLY CONTAMINATED WATER IS UNAVOIDABLE DUE TO TRAINING OR OPERATIONAL REQUIREMENTS, DOXYCYCLINE PROPHYLAXIS MAY BE CONSIDERED PER REF (G).

7.A.2.C. (U) SCHISTOSOMIASIS (BILHARZIA). SCHISTOSOMIASIS IS ENDEMIC IN MANY REGIONS WITHIN THE AOR AND IS TRANSMITTED THROUGH CONTAMINATED, FRESH SURFACE WATER. AVOID EXPOSURE TO ANY POTENTIALLY CONTAMINATED FRESH WATER SOURCES.

7.A.3. (U) RABIES. RABIES IS AN INTERMEDIATE RISK IN MOST COUNTRIES WITHIN THE AOR, BUT RANGES FROM LOW TO HIGH, DEPENDING ON EXACT LOCATION. CONSULT REF (F) FOR COUNTRY SPECIFIC RISK PRIOR TO DEPLOYMENT. PERSONS BITTEN OR SCRATCHED BY POTENTIALLY INFECTED ANIMALS, INCLUDING DOGS, CATS, MONKEYS, BATS, DOMESTIC LIVESTOCK, OR WILD ANIMALS, SHOULD IMMEDIATELY CLEANSE THE WOUND WITH WATER AND SOAP, PREFERABLY POVIDONE-IODINE (BETADINE), AND REPORT FOR MEDICAL ATTENTION AND CARE. FOLLOW STANDARD PROTOCOL FOR RABIES POST-EXPOSURE PROPHYLAXIS (REF R). CONSULT EXPERT VETERINARY RESOURCES TO ASSIST WITH ANIMAL TESTING AND RISK MANAGEMENT. MEDICAL PERSONNEL AT ALL LEVELS SHOULD EVALUATE (BASED ON DEPLOYMENT LOCATION RISK EXPOSURE AND EVACUATION CAPABILITIES) AND CONSIDER BRINGING A SUPPLY OF HUMAN RABIES IMMUNE GLOBULIN (HRIG) AND RABIES VACCINE WITH THE CAVEAT THAT COLD CHAIN STORAGE MUST BE MAINTAINED. ON DEPLOYMENTS, ANIMALS SHOULD NOT BE FEED OR KEPT AS PETS.

7.A.4. (U) SEXUALLY TRANSMITTED DISEASES (STD) ARE A CONSTANT THREAT.

ABSTINENCE IS THE ONLY WAY TO ENSURE COMPLETE PREVENTION OF AN STD.

LATEX CONDOMS SHOULD BE MADE AVAILABLE AND USED BY ALL CHOOSING TO BE SEXUALLY ACTIVE.

PERSONNEL SHALL SEEK PROMPT MEDICAL TREATMENT IF STD SYMPTOMS OCCUR. PER REF (S), MEMBERS TREATED FOR PRESUMED STD DURING DEPLOYMENT SHALL HAVE AN HIV TEST CONDUCTED WHEN LABORATORY ASSETS BECOME AVAILABLE OR UPON REDEPLOYMENT. ADDITIONAL TESTING MAY BE INDICATED BASED ON CLINICAL JUDGMENT. ANTIBIOTIC RESISTANCE IS SIGNIFICANT IN PARTS OF SOUTHEAST ASIA. CONSULT REF (E AND G) FOR PREVALENCE IN THE SPECIFIC COUNTRY/REGION OF INTEREST. ADDITIONAL COUNTRY RISK INFORMATION AVAILABLE AT [HTTPS:\(DOUBLE SLASH\)MHS.HEALTH.MIL/TRAVAX](https://mhs.health.mil/travax).

7.B. (U) ENVIRONMENTAL HEALTH THREATS.

7.B.1. (U) TOPOGRAPHY AND CLIMATE AS IT RELATES TO HEALTH AND SAFETY.

7.B.1.A. (U) WEATHER HAZARDS. TAKE APPROPRIATE PRECAUTIONS WITH REGARD TO LIGHTNING, SUN EXPOSURE, HEAT/HUMIDITY, EXPOSURE TO RAIN, SNOW, WIND, AND COLD TEMPERATURES. EXERCISE CAUTION WHEN CONDUCTING OPERATIONS IN TIMES OF LIMITED VISIBILITY. HAVE AN EVACUATION PLAN IN THE EVENT OF SEVERE WEATHER OR SITUATION (E.G., TYPHOON, TSUNAMI).

7.B.1.B. (U) HEAT STRESS AND SOLAR INJURIES/ILLNESS. HEAT INJURIES MAY BE THE GREATEST OVERALL THREAT TO MILITARY PERSONNEL DEPLOYED TO WARM CLIMATES. ACCLIMATIZATION TO INCREASED TEMPERATURE AND HUMIDITY MAY TAKE 10 TO 14 DAYS. HEAT INJURIES CAN INCLUDE DEHYDRATION, HEAT SYNCOPE, HEAT EXHAUSTION, HEAT STROKE, AND SUNBURN. ENSURE PROPER WORK-REST CYCLES, ADEQUATE HYDRATION AND NUTRITION, AND COMMAND EMPHASIS ON HEAT INJURY PREVENTION. ENSURE AVAILABILITY AND USE OF SUN GOGGLES/GLASSES, SUNSCREEN, AND SAFE DRINKING WATER.

7.B.1.C. (U) ALTITUDE. OPERATIONS AT HIGH ALTITUDES (OVER 8000 FT) CAN CAUSE A SPECTRUM OF ILLNESSES INCLUDING ACUTE MOUNTAIN SICKNESS, HIGH ALTITUDE PULMONARY EDEMA, HIGH ALTITUDE CEREBRAL EDEMA, AND/OR RED BLOOD CELL SICKLING IN SERVICE MEMBERS WITH SICKLE CELL TRAIT.

ASCEND GRADUALLY, IF POSSIBLE. TRY NOT TO GO DIRECTLY FROM LOW ALTITUDE TO >9,000 FT (2,750 M) IN ONE DAY. USE ACETAZOLAMIDE

(DIAMOX) OR CONSIDER USING DEXAMETHASONE (DECADRON) TO SPEED ACCLIMATIZATION IF ABRUPT ASCENT IS UNAVOIDABLE.

7.B.2. (U) TRENCH (IMMERSION) FOOT MAY OCCUR WHEN FEET HAVE BEEN WET FOR LONG PERIODS. SYMPTOMS INCLUDE TINGLING, ITCHING, PAIN, SWELLING, SKIN BLOTCHING, NUMBNESS, REDNESS, DRYNESS, BLISTERS, AND SKIN PEELING. IF POSSIBLE, REMOVE WET SHOES AND SOCKS, ELEVATE THE FEET, ALLOW THEM TO AIR DRY, AND USE FOOT POWDER. WEAR DRY SOCKS AND SHOES. DO NOT WEAR SOCKS WHEN SLEEPING OR RESTING. EXAMINE FEET AT LEAST ONCE A DAY TO DETECT ANY INFECTION OR SYMPTOM WORSENING.

7.B.3. (U) CONTAMINATION AND POLLUTION. POTENTIALLY LOCALIZED OR REGIONAL THREATS COULD RESULT FROM CONTAMINATION OF SURFACE AND/OR GROUND WATER WITH RAW SEWAGE AND/OR INDUSTRIAL WASTES, URBAN AIR AND WATER POLLUTION, AND/OR FRUIT AND VEGETABLE CONTAMINATION. IN HEAVILY INDUSTRIALIZED URBAN AREAS, PARTICULATE MATTER AND THE RELEASE OF TOXIC INDUSTRIAL CHEMICALS MAY BE PREVALENT DUE TO INFRASTRUCTURE DAMAGE AND THE LACK OF REGULATIONS. CONSULT REF (F) AND ENVIRONMENTAL HEALTH PERSONNEL FOR LOCATION-SPECIFIC GUIDANCE.

7.B.4. (U) DANGEROUS FLORA AND FAUNA.

7.B.4.A. (U) AVOID AND DO NOT FEED WILD OR DOMESTICATED ANIMALS. DO NOT KEEP MASCOTS. ALL ANIMAL BITES, SCRATCHES, OR SALIVA EXPOSURES (E.G., DOGS, CATS, MONKEYS, BATS) SHOULD BE REPORTED AND MEDICALLY EVALUATED USING DD FORM 2341, "REPORT OF ANIMAL BITE-POTENTIAL RABIES EXPOSURES". TREAT POTENTIAL RABIES EXPOSURE AS CLINICALLY INDICATED AND PER PARAGRAPH 7.A.(3) ABOVE.

7.B.4.B. (U) MANY SPECIES OF VENOMOUS SNAKES, SPIDERS, AND SCORPIONS ARE ENDEMIC IN THE AOR. PLANNING SHOULD INCLUDE ANTIVENIN AVAILABILITY AND EVACUATION PLANS. SHOULD BITES OR ENVENOMATIONS OCCUR, SEEK PROMPT MEDICAL ATTENTION.

7.B.4.C. (U) A VARIETY OF PLANT RESINS MAY CAUSE CONTACT DERMATITIS (REF F).

7.B.4.D. (U) LEATHER HIDES PRESENT AN ANTHRAX RISK AND MUST BE AVOIDED.

7.C. (U) MENTAL HEALTH TO INCLUDE DEPLOYMENT-RELATED STRESSORS, SUICIDE RISK, AND TRAUMATIC STRESS. ALL PERSONNEL SHOULD BE PROVIDED AWARENESS OF COMBAT AND DEPLOYMENT-RELATED STRESS, SIGNS/SYMPTOMS, AND HOW TO SEEK HELP FOR THEMSELVES OR THEIR BUDDIES. COMMANDERS AND ALL PERSONNEL SHOULD BE COGNIZANT OF SIGNS OF MENTAL STRESS AND ENFORCE SLEEP DISCIPLINE. THE POLICIES OF REF (T) SHALL BE EXECUTED DURING ALL OPERATIONS.

7.D. (U) INJURIES (WORK AND RECREATIONAL). WORK INJURIES AS WELL AS SPORTS AND OTHER RECREATIONAL INJURIES ARE SIGNIFICANT CONTRIBUTORS TO MISSION INEFFECTIVENESS. COMMAND EMPHASIS ON SAFETY AWARENESS AND INJURY PREVENTION ARE ESSENTIAL.

7.E. (U) CRIME AND TERRORISM, INCLUDING CBRNE THREATS. RISK OF CRIME AND TERRORISM THREATS IS LOW TO INTERMEDIATE FOR MOST OF THE AOR.

PERSONNEL SHOULD BE ALERT TO POTENTIAL CRIMINAL OR VIOLENT SITUATIONS.

8. (U) FIELD HYGIENE AND SANITATION.

8.A. (U) UNIT FIELD SANITATION TEAMS (PER SERVICE REQUIREMENTS) WILL BE USED TO AID THE UNIT COMMANDER WITH PROTECTING THE HEALTH OF THE FORCES.

8.B. (U) MOST INFECTIONS AND ILLNESSES CAN BE PREVENTED OR MITIGATED THROUGH VACCINATIONS, MEDICATIONS, AND/OR PHYSICAL BARRIERS.

HOWEVER, THE BEST DEFENSE AGAINST INFECTIOUS DISEASE THREATS IS STRICT DISCIPLINE IN PROPER FIELD HYGIENE AND SANITATION PRACTICES (NOTABLY HAND WASHING AND SANITARY WASTE DISPOSAL). UNITS ARE RESPONSIBLE FOR PROVIDING FIELD SANITATION REQUIREMENTS UNLESS SUCH SERVICES ARE CONTRACTED. RECOMMEND DEPLOYERS CARRY AND USE HAND SANITIZER. ENVIRONMENTAL HEALTH OVERSIGHT OF FOOD SERVICE CONTRACTORS AND WASTE DISPOSAL CONTRACTORS IS REQUIRED.

8.C. (U) IAW REF (B) FOOD AND WATER RISK ASSESSMENTS WILL BE CONDUCTED BY THE APPROPRIATE VETERINARY/MEDICAL PERSONNEL FOR ALL USPACOM DEPLOYMENTS WHERE SERVICE MEMBERS WILL CONSUME LOCALLY PROCURED FOOD (INCLUDING WATER AND ICE). THE MISSION COMMANDER MUST ASSUME THE RISK FORM CONSUMING LOCALLY PROCURED FOOD, WATER, AND/OR ICE.

8.D. (U) CONSUMPTION OR INDIVIDUAL PURCHASE OF UNAPPROVED LOCAL FOOD IS PROHIBITED.

8.E. (U) ALL WATER (INCLUDING ICE) IS CONSIDERED NON-POTABLE UNTIL TESTED AND/OR APPROVED BY PROPERLY TRAINED MEDICAL PERSONNEL.

8.F. (U) PERIODIC INSPECTIONS OF FOOD STORAGE/PREPARATION AND WATER STORAGE FACILITIES ARE REQUIRED.

9. (U) HEALTH ASSESSMENTS AND NON-DEPLOYABLE SERVICE MEMBERS.

9.A. (U) PERIODIC HEALTH ASSESSMENTS AND SPECIAL DUTY EXAMS MUST BE CURRENT.

9.B. (U) UNRESOLVED HEALTH PROBLEMS MANDATING SIGNIFICANT DUTY OR MOBILITY LIMITATIONS DISQUALIFY A MEMBER FOR DEPLOYMENT. OTHER MEDICAL DISQUALIFICATION AND ASSOCIATED GUIDANCE IS IDENTIFIED IN REF (U).

9.C. (U) IAW REFS (B, O, AND V), A PRE-DEPLOYMENT HEALTH ASSESSMENT - DD FORM 2795, POST-DEPLOYMENT HEALTH ASSESSMENT (PDHA) - DD FORM 2796, POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA) - DD FORM 2900, AND MENTAL HEALTH ASSESSMENTS WILL BE COMPLETED BY PERSONNEL WHO DEPLOY FOR OVER 30 DAYS TO OCONUS AREAS WITHOUT A FIXED U.S. MILITARY TREATMENT FACILITY. SHIPBOARD PERSONNEL WHO WILL NOT BE GOING ASHORE TO SUPPORT LAND BASED OPERATIONS MAY BE EXEMPT FROM THESE REQUIREMENTS. RESPONSIBLE PREVENTIVE MEDICINE/PUBLIC HEALTH PERSONNEL, USPACOM SURGEON, COMPONENT SURGEONS, OR JOINT TASK FORCE SURGEON MAY REQUIRE ASSESSMENTS FOR ANY DEPLOYMENT (REGARDLESS OF LOCATION OR LENGTH) BASED ON ANTICIPATED OR ACTUAL HEALTH THREATS.

SERVICE MEMBERS WILL INITIATE THESE ASSESSMENTS VIA SERVICE APPROVED METHODS. HEALTH PROVIDERS WILL COMPLETE THE ASSESSMENTS IAW SERVICE MEDICAL PROCEDURES. A COPY OF THE COMPLETED ASSESSMENT FORMS MUST BE INTEGRATED IN THE SERVICE MEMBERS' HEALTH RECORD AND AN ANNOTATION OF COMPLETION NOTED IN THE APPROPRIATE BLOCK OF DD FORM 2766.

9.D. (U) TIME FRAMES FOR ADMINSTRATING THE DEPLOYMENT-RELATED HEALTH ASSESSMENTS (DRHA). IAW REF (B AND V), THE PRE-DEPLOYMENT HEALTH ASSESSMENT (DHRA-1) MAY BE COMPLETED WITHIN 120 DAYS PRIOR TO THE ESTIMATED DEPLOYMENT DATE. THE POST-DEPLOYMENT ASSESSMENT (DHRA-2) SHOULD BE COMPLETED AS CLOSE TO THE REDEPLOYMENT DATE AS POSSIBLE, BUT MUST BE WITHIN 30 DAYS BEFORE OR 30 DAYS AFTER REDEPLOYMENT. THE POST-DEPLOYMENT HEALTH REASSESSMENT (DHRA-3) MUST BE COMPLETED 90 TO 180 DAYS AFTER REDEPLOYMENT. DEPLOYMENT MENTAL HEALTH ASSESSMENTS WILL BE COMPLETED BETWEEN 181 DAYS AND 545 DAYS AFTER DEPLOYMENT (DRHA-4) AND BETWEEN 546 DAYS AND 910 DAYS AFTER DEPLOYMENT (DRHA-5), BUT CANNOT BE COMPLETED WITHIN 90 DAYS OF DRHA 4.

9.E. (U) DOD CIVILIAN EMPLOYEES ARE AUTHORIZED EMERGENCY TRAVEL AND TRANSPORTATION DUE TO ILLNESS, INJURY, OR A PERSONAL EMERGENCY SITUATION WHILE TDY/TAD PER THE "JOINT TRAVEL REGULATION UNIFORMED SERVICE MEMBERS AND DOD CIVILIAN EMPLOYEES", 1 AUGUST 2016. HEALTHCARE IS AUTHORIZED THROUGH MILITARY TREATMENT FACILITIES BOTH OCONUS AND CONUS FOR INJURIES AND ILLNESS INCURRED BY CIVILIAN EMPLOYEES DEPLOYED IN SUPPORT OF U.S. MILITARY FORCES ENGAGED IN HOSTILITIES (REF W). HEALTHCARE FOR DOD CIVILIAN EMPLOYEES ON TDY/TAD MISSIONS OUTSIDE THE SCOPE OF REF (W) MAY NOT BE AUTHORIZED.

IT IS INCUMBENT UPON DOD CIVILIAN EMPLOYEES TRAVELING ON TDY/TAD ORDERS TO HAVE A HEALTH PLAN WHICH WILL PROVIDE ADEQUATE COVERAGE DURING THESE TYPES OF MISSIONS. THE FEDERAL EMPLOYEES COMPENSATION ACT AND THE OFFICE OF WORKERS' COMPENSATION PROGRAMS PROVIDE A MECHANISM TO RECEIVE REIMBURSEMENT FOR ILLNESS/INJURY SUSTAINED ON THE JOB. HOWEVER,

THE EMPLOYEE IS OFTEN REQUIRED TO PAY UP FRONT AND REIMBURSEMENT AND IF APPROVED WILL COME AFTERWARDS.

10. (U) DISEASE AND INJURY SURVEILLANCE.

10.A. (U) PER REF (A), DISEASE AND INJURY TRENDS WILL BE COLLECTED, MONITORED, RECORDED AND REPORTED. REPORTS WILL BE SUBMITTED USING ESTABLISHED SYSTEMS OF RECORD (E.G., MEDICAL SITUATIONAL AWARENESS IN THE THEATER.

10.B. (U) ALL REPORTABLE MEDICAL EVENTS (RME) WILL BE REPORTED, PER REF (A). ADDITIONALLY, RME INFORMATION MUST BE TRANSMITTED TO RESPECTIVE SERVICE SURVEILLANCE OFFICE FOR DOCUMENTATION IN THEIR DISEASE REPORTING SYSTEM-INTERNET SYSTEM.

11. (U) OCCUPATIONAL AND ENVIRONMENTAL HEALTH (OEH) SITE ASSESSMENTS (OEHSA).

11.A. (U) PER REFS (A, B, AND X), OEHSA ARE CONDUCTED TO IDENTIFY OEH HAZARDS THAT POSE POTENTIAL HEALTH RISKS TO U.S. PERSONNEL AT U.S.

FORCES LOCATIONS. THIS INFORMATION WILL BE LEVERAGED FOR CONSIDERATION DURING OPERATIONAL PLANNING AS PART OF THE OPERATIONAL FORCE HEALTH PROTECTION PROGRAM.

11.B. (U) OEHSA'S ARE INITIATED AND COMPLETED IAW WITH REF (A). ALL OEHSA DATA OR EXPOSURE INCIDENT INVESTIGATIONS WILL BE SUBMITTED TO DEFENSE OCCUPATIONAL AND ENVIRONMENTAL HEALTH READINESS SYSTEM-IH.

CLASSIFIED EXPOSURE DATA SHOULD BE SUBMITTED DIRECTLY TO MESL-S (HTTPS:(DOUBLE SLASH)MESL.CSD.DISA.SMIL.MIL). IF ACCESS TO THE MESL-S IS NOT AVAILABLE, EMAIL THE DOCUMENT TO OEHS(AT)USACHPPM.ARMY.SMIL.MIL IAW WITH REF (A).

12. (U) POC JOC MED (808)-477-7885, OR JOC-MED.PACOM(AT)PACOM.MIL, OR JOC.MED.PACOM(AT)PACOM.SMIL.MIL.

13. (U) EXPIRATION DATE. MISSION DURATION OR UNTIL RESCINDED BY FOLLOW ON ORDER.// BT

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Classification: UNCLASSIFIED